

# Summer Day Camp 2017

Avoid Disappointment – Register Early

Name of Rider: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ (Bus): \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday (d/m/y): \_\_\_\_\_

Full Day 9am-5PM: Session 1 \_\_\_ ( July 10-14) Session2 \_\_\_ (July 17-21)Session 3 \_\_\_(July 24-28) Session 4 \_\_\_(July 31-Aug4)

Session 5 \_\_\_(Aug 14-18)Session 6 \_\_\_(Aug21-25) Session7 \_\_\_(Aug28-Sept1) **\$410.00 (+ \$20.50 GST) per session**

**No refunds unless spot can be filled, Please Sign Here \_\_\_\_\_**

## Medical Information:

Name of Family Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Secondary Contact in case of Emergency: \_\_\_\_\_

Phone (Res): \_\_\_\_\_ (Bus): \_\_\_\_\_

Medical Insurance Number: \_\_\_\_\_

List any limiting Factors: \_\_\_\_\_ List any Medications or Concerns: \_\_\_\_\_

**Parent/Guardian will be required to read and sign a disclaimer form prior to the rider participating in camp.**

## WAIVER OF RIGHT TO SUE

I am aware that riding horses and/or being in the presence of horses pose certain risks of injury. I am aware that equestrian activities can be dangerous and physical injury could occur in. I am aware that horses, being animals, are at times unpredictable and control by the handler, no matter how cautious s/he may be, can not always be maintained. I, and my heirs, executors, and administrators, will not hold Riverside Equestrian Centre Inc. or Riverside Farm or any employee(s), officers, representatives, agents, and directors thereof responsible for, and waive any and all claims I may have against any or all of them if injury, death, damage of property or loss of any kind whatsoever nature or kind and howsoever caused whether arising by reason of the negligence of Riverside, its employees, agents or representatives, to my child, myself, my horse, my property, or any minor(s) in my care, while at Riverside Equestrian Centre and or Riverside Farm. I, and my heirs, executors, and administrators, will not hold Riverside Equestrian Centre Inc. or any employee(s), officers, representatives, agents, and directors thereof responsible for and waive any and all claims I may have against any or all of them if injury, damage or death were to occur, to my child, myself, my property, or any minor(s) in my care while Riverside Equestrian Centre. I agree to hold harmless and indemnify Riverside Equestrian Centre Inc., its agents, directors, employees, agents and representatives from any and all liability for any damage to property or personal injury to my child, myself and, or any minor(s) in my care, for which I may or may not be a parent/guardian, from their use of the facilities, horses, services, or presence at Riverside Equestrian Centre Inc.

\_\_\_\_\_  
Name (Print) of parent/guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date d/m/y